

COMMERCE AND INSURANCE  
**TENNESSEE COMMISSION ON FIRE FIGHTING**  
500 James Robertson Parkway, 10<sup>th</sup> Floor  
Nashville, TN 37243 – 615-741-6780  
Fax 615-741-4207



**APPLICATION FOR WRITTEN EXAMINATION**

(a separate application must be completed for each level of certification test requested)

NAME OF DEPARTMENT \_\_\_\_\_

RETEST? \_\_\_\_\_ YES or NO  
Title of Examination \_\_\_\_\_

NOTE: Exam test dates can be found at [www.tn.gov/fire/testing-calendar.shtml](http://www.tn.gov/fire/testing-calendar.shtml)

**This completed form must be received in the Commission Office at least 2 weeks prior to the test date.** Applications that do not meet this deadline will be returned and the candidate will not be allowed to test. This form along with required documentation may be mailed, scanned and sent via email in pdf format, or faxed. **THIS APPLICATION IS TO BE TYPED IN 10 PT. PRINT MINIMUM OR PRINTED LEGIBLY IN BLACK INK.**

DATE OF EXAM \_\_\_\_\_ TIME \_\_\_\_\_ LOCATION \_\_\_\_\_

NAME \_\_\_\_\_  
FIRST MI LAST

ADDRESS \_\_\_\_\_  
STREET CITY ST ZIP

TN DR LIC \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ SOC. SEC. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(if out of state, please put "out of state")

Date Entered Fire Serv. \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Joined \_\_\_\_/\_\_\_\_/\_\_\_\_ PHONE # \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
(BE SPECIFIC) MO / DAY / YR Present Dept. MO / DAY / YR

If you have served in more than one department, list name(s) of department(s) and exact dates of service in each:

The following data is for statistical information only and may be entered on a voluntary basis:

Sex: \_\_\_\_ Race: \_\_\_\_\_  
M F CAUCASIAN BLACK/AFRICAN AMERICAN HISPANIC ASIAN AMERICAN INDIAN OTHER

**Fire Fighter I, Fire Fighter II, Fire Officer I, Fire Officer II:** Date of Domestic Violence Training \_\_\_\_/\_\_\_\_/\_\_\_\_

Sponsoring Agency or Place of Domestic Violence Training \_\_\_\_\_

HAS THE APPLICANT COMPLETED A COMMISSION APPROVED TRAINING COURSE FOR THIS LEVEL OF CERTIFICATION?

YES\_\_\_ NO\_\_\_ IF YES, TITLE, DATE, & LOCATION OF COURSE \_\_\_\_\_

Please continue to Page 2 for Practical Information

**FOR COMMISSION USE ONLY**

Rec'd \_\_\_\_\_ App'd \_\_\_\_\_  
NFFI \_\_\_\_\_ NFFII \_\_\_\_\_ HMA \_\_\_\_\_ HMO \_\_\_\_\_ FDI \_\_\_\_\_  
FDI2 \_\_\_\_\_ FOI \_\_\_\_\_ FO2 \_\_\_\_\_ FO3 \_\_\_\_\_ SO \_\_\_\_\_ AADO \_\_\_\_\_  
FDO \_\_\_\_\_ FAO \_\_\_\_\_ FLSE1 \_\_\_\_\_ FLSE2 \_\_\_\_\_ AFF \_\_\_\_\_  
WFF1 \_\_\_\_\_ WFF2 \_\_\_\_\_ FSCOI \_\_\_\_\_ FSCOII \_\_\_\_\_ VMR \_\_\_\_\_  
Challenged \_\_\_\_\_ P \_\_\_\_\_ F \_\_\_\_\_ # \_\_\_\_\_  
( ) Perf \_\_\_\_\_ ( ) DV \_\_\_\_\_ ( ) Written \_\_\_\_\_  
( ) LB \_\_\_\_\_ Issued \_\_\_\_\_  
Cert # \_\_\_\_\_  
Test Site \_\_\_\_\_  
Test Date \_\_\_\_\_ Adm. By \_\_\_\_\_  
IFSAC Seal # (if App) \_\_\_\_\_

The following practical information must be completed. The application will be returned to the fire department if all of the required information is not provided.

**I CERTIFY TO THE COMMISSION THAT I HAVE COMPLETED THE PRACTICAL AS INDICATED BELOW.**

**\*\*\*\*\* All supporting documentation requested below must be attached for all examinations including retests! \*\*\*\*\***

**HMA** no additional documentation required

**HMO:** Hands-on Practical Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**FF1:** Hands-on Practical Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Live Fire Verification Sheet **COPY MUST BE ATTACHED**

CPR card must be attached.

Proof of completion of NIMS IS-700 and NIMS ICS-100 must be attached.

Proof of completion of 16 hours initial training, basic training, and live burn through TFACA or Commission approved training must be attached.

**FFII:** Hands-on Practical Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Live Fire Verification Sheet **COPY MUST BE ATTACHED**

CPR card must be attached.

Proof of completion of NIMS IS-700 and NIMS ICS-100 must be attached.

Local Verification Form for Fire Fighter II must be attached

**Instructor I:** Fire Department Instructor-I Checklist (**copy must be attached**)

**Instructor II:** Date of Commission approval of Lesson Plan meeting requirements of NFPA 1041 \_\_\_\_/\_\_\_\_/\_\_\_\_

**Officer I:** Date of Commission administered practical \_\_\_\_/\_\_\_\_/\_\_\_\_

Proof of NIMS IS-700, NIMS ICS-100, & NIMS ICS-200 must be attached

Local Verification Form for Fire Officer I must be attached

**Officer II:** Date of successful completion Fire Officer-II Practical \_\_\_\_/\_\_\_\_/\_\_\_\_

Proof of NIMS IS-700, NIMS ICS-100, & NIMS ICS-200 must be attached.

**Officer III:** Date of successful completion Fire Officer-III Practical \_\_\_\_/\_\_\_\_/\_\_\_\_

Proof of NIMS IS-700, NIMS ICS-100, NIMS ICS-200, NIMS ICS-300, NIMS ICS-400 must be attached.

**Officer IV:** Date of successful completion Fire Officer-IV Practical \_\_\_\_/\_\_\_\_/\_\_\_\_

Proof of NIMS IS-700, NIMS ICS-100, NIMS ICS-200, NIMS ICS-300, NIMS ICS-400 must be attached

**Fire Apparatus Operator:** In-House Practical Sign-off Sheet must be attached

**Pumper Driver/Operator:** In-House Practical Sign-off Sheet must be attached

**Aerial Apparatus Driver/Operator:** In-House Practical Sign-off Sheet must be attached

**Airport Fire Fighter:** Hands-on Practical Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Airport Firefighter Live Fire Verification Sheet **COPY MUST BE ATTACHED**

**Safety Officer:** Date of Commission administered practical \_\_\_\_/\_\_\_\_/\_\_\_\_

**Fire Safety Compliance Officer I:** Dates participated in eight (8) Fire Safety Inspections with certified inspector \_\_\_\_\_

or Date Certified in accordance with T.C.A. 68-120-113 \_\_\_\_/\_\_\_\_/\_\_\_\_

**Fire Safety Compliance Officer II:** Dates successfully conducted eight (8) Fire Safety Inspections under supervision of certified inspector \_\_\_\_\_

or Date Certified in accordance with T.C.A. 68-120-113 \_\_\_\_/\_\_\_\_/\_\_\_\_

**Fire and Life Safety Educator I:** Date of successful completion of Fire and Life Safety Educator I workbook: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Fire and Life Safety Educator II:** Date of successful completion of Fire and Life Safety Educator II workbook: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Wildland Fire Fighter I:** Proof of completion of Tennessee Division of Forestry "Task Book for the Position of Firefighter Type 2" must be attached

or In-House Practical Sign-off Sheet must be attached

**Wildland Fire Fighter II:** Proof of completion of Tennessee Division of Forestry "Task Book for the Position of Advanced Firefighter/Squad Boss" must be attached

or In-House Practical Sign-off Sheet must be attached

**Vehicle and Machine Rescue:** Hands-on Practical date \_\_\_\_/\_\_\_\_/\_\_\_\_

Proof of completion of Commission approved training course must be attached

**Please continue to Page 3 for the required signatures.**

ALL SIGUATNURES MUST BE ORIGINAL. NO PHOTOCOPIES OR SIGNATURE STAMPS. By signing below, all parties certify to the Commission that the applicant has received sufficient training according to the appropriate NFPA Standard, as currently adopted by the Commission, for the level to which the applicant is applying. THE PERFORMANCE EVALUATION IS SUBJECT TO AUDIT BY THE COMMISSION.

I certify that the statements made in this application are a true and accurate description of my fire service training and experience, qualifying me for this level of certification.

DateApplicant's Signature (DO NOT TYPE)

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TRAINING OFFICER: PLEASE VERIFY THAT APPLICATION IS COMPLETE. Incomplete applications will be returned which could result in a delay in the examination. Applications must be received in the Commission Office at least 2 weeks prior to test date.

It is my complete understanding that any false information being provided in this application may result in the revocation of departmental accreditation in the State Certification Program.

DateTraining Officer's Signature (DO NOT TYPE)

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NOTICE: *The Tennessee Commission on Fire Fighting Personnel Standards and Education requires the applicant to bring a government issued ID in order to be admitted to any examination.*

RECOMMENDATION OF TRAINING COMMITTEE

We, the members of the Training Committee, established by the Fire Department named on this application and appointed by the Chief of the Department, do hereby affirm to the Tennessee Commission on Fire Fighting Personnel Standards and Education that we, as a committee, have reviewed this application and determined it to be accurate and correct and in full compliance with all requirements for the level of certification sought in this application.

This recommendation is made by majority vote of the Training Committee members. The roll call vote was recorded as follows:

(NOTE: SIGNATURES OF COMMITTEE MEMBERS MUST BE IN OWN HANDWRITING)

	AYE	NO	ABSTAIN
CHAIRMAN (DO NOT TYPE)			
VICE CHAIRMAN (DO NOT TYPE)			
SECRETARY (DO NOT TYPE)			
MEMBER (DO NOT TYPE)			
MEMBER (DO NOT TYPE)			
MEMBER (DO NOT TYPE)			
MEMBER (DO NOT TYPE)			